

**HOSPITAL ADDRESS QUESTIONNAIRE
DISPROPORTIONATE SHARE HOSPITAL PAYMENT PROGRAM**

Return the questionnaire to:

**Department of Health Care Services
Safetynet Financing Division
Disproportionate Share and Non-Contracting
Hospital Recoupment Section
Attention: DSH Unit
1501 Capitol Avenue, Suite 71.4001, MS 4506
P.O. Box 997419
Sacramento, CA 95899-7419
Phone (916) 552-9693 Fax No. (916) 552-9504
sb1100@dhs.ca.gov**

Name: _____

Title: _____

Hospital: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Extension:** _____

Fax: _____ **E-Mail:** _____

Print Name: _____

Signature: _____

Title: _____

Date: _____